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** CONTINUING DATA ***************************
    This application is a CIP of 10/406,149 04/01/2003
PPS
** FOREIGN APPLICATIONS **********************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED   P PS
** 06/08/2004

Foreign Priority claimed ☐ yes ☑ no	STATE OR COUNTRY MA	SHEETS DRAWING 56	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met ☐ yes ☑ no ☐ Met after Allowance				
Verified and Acknowledged _____ Examiner's Signature PRS Initials				

ADDRESS
69785

TITLE
Single use endoscopic imaging system

FILING FEE RECEIVED 3670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
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